

# CLAIMS ONLY

Application Number

09/581,078

Filing Date

8/21/00

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 8/23/00		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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7						
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13						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	35					
Total Claims	38					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 07/581078 82100						
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3/2/04 CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51					
2	1		1		1		52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27	1		1		1		77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3		3		TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS			40		40		TOTAL CLAIMS					